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**APPLICANTS**  
 Nathan D. Cahill, West Henrietta, NY;  
 Lawrence A. Ray, Rochester, NY;  
 DR

**\*\* CONTINUING DATA \*\*\*\*\***  
 DR

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 01/23/2002**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 10	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <u>DR</u> Initials: <u>DR</u>				

**ADDRESS**  
 Thomas H. Close  
 Patent Legal Staff  
 Eastman Kodak Company  
 343 State Street  
 Rochester, NY 14650-2201

**TITLE**  
 Method and system for compositing images to produce a cropped image

<b>FILING FEE RECEIVED</b> 1616	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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